

1 surgery scheduling form. And I'll show it to
2 Mr. Tinney.

3 (Document handed to counsel and
4 witness.)

5 Q. And, Ms. Miller, is that a form that you
6 are familiar with?

7 A. Yes.

8 Q. Okay. And is that your handwriting on the
9 form?

10 A. Yes.

11 Q. Okay. And this is, again, the type of form
12 that you fill out every day during your normal
13 course of business?

14 A. Yes.

15 Q. Okay. Who is this particular form for,
16 what patient?

17 A. Emory Brown.

18 Q. Okay. And does it show surgery scheduled
19 for him?

20 A. Yes.

21 Q. And what date is the surgery scheduled for?

22 A. 11/29/04.

23 Q. And what hospital was that?

24 A. Russell Medical Center.

25 Q. Does it show the date that you filled this

1 form out?

2 A. No.

3 Q. Okay. Would it have been after 11/16 when
4 the surgery was approved?

5 A. Or on 11/16.

6 Q. Okay. On or after 11/16?

7 A. Yes.

8 Q. Okay. And this is what you would have
9 faxed to Russell Medical Center after looking at
10 Dr. Howorth's schedule. Is that how it works?

11 A. Yes.

12 Q. Just tell me how that works. I don't want
13 to put words in your mouth.

14 A. That's correct. I get the approval, and I
15 look at the surgery schedule and I give them the
16 first available.

17 Q. Okay. And is there ever a problem when
18 Russell Medical Center says we don't have space for
19 you, or anything like that?

20 A. Yes, they do.

21 Q. Okay. Is there any indication that that
22 happened in this case?

23 A. No indication.

24 Q. Okay. Does that happen often?

25 A. Yes.

1 Q. What do you do when that happens?

2 A. We have to give them another day.

3 Q. Do you have any -- was there any record in
4 Mr. Brown's file that you had to go back and give
5 them another day?

6 A. No.

7 Q. Okay. So it looks like whatever day that
8 you filled this out and faxed it, then it was
9 scheduled for November 29th?

10 A. Right.

11 Q. Okay. I tell you what I have that I have
12 received from y'all pursuant to our request. I got
13 the medical records of his visits, Mr. Brown's
14 visits, and the bills. And those are visits
15 beginning on October 27, 2004, and going into May --
16 May 25, 2005. I have the bills associated with
17 those visits. I have what we've marked as
18 Defendant's Exhibit No. 1, 2, and 3 there, which is
19 the precert information sheet, the surgery request
20 form, and the surgery schedule form.

21 Are there any other documents that y'all have
22 in Mr. Brown's file that I don't have yet?

23 A. No, not other than maybe the actual surgery
24 orders, if you are interested.

25 Q. Okay. And would that typically be kept in

1 your records or in the records of the hospital?
2 Because I also have the hospital records that relate
3 to his actual surgery.

4 A. They get those, yes.

5 Q. Okay. So I may have those.

6 A. Right.

7 Q. But that would be more dealing with medical
8 information and not what we're talking about here
9 today where we're just talking about scheduling --

10 A. Right.

11 Q. -- things and so forth.

12 Okay. Are there any records of any other faxes
13 in there?

14 A. No.

15 Q. Are there any records of any other
16 telephone calls in there?

17 A. No.

18 Q. And just to summarize. It appears that
19 Mr. Brown's surgery was first scheduled on October
20 27th, or his first appointment with Dr. Howorth was
21 October 27, 2004; is that correct?

22 A. Yes.

23 Q. Did you receive a fax from Victoria
24 Greenspan at Claims Management on that day?

25 A. Yes.

1 Q. Okay. And what was the nature of that
2 fax?

3 A. It's the surgery request form for
4 Dr. Howorth to fill out.

5 Q. Okay. And did Dr. Howorth complete that
6 form?

7 A. Yes.

8 Q. Okay. And on what date did he complete
9 that form?

10 A. It's dated 10/30/04.

11 Q. Okay. When was that surgery request faxed
12 by Alexander City Orthopaedics to Victoria Greenspan
13 at Claims Management?

14 A. November 15, '04.

15 Q. Okay. And did you fax that information
16 over to them?

17 A. Yes.

18 Q. When was the surgery approved?

19 A. November 16, '04.

20 Q. Okay. And you made a notation of that on
21 the precert information sheet.

22 A. Yes.

23 Q. Is that correct? Which we have marked as
24 Exhibit No. 1.

25 And then we have Exhibit No. 3 which is the

1 surgery scheduling form that shows that the surgery
2 was scheduled on what date?

3 A. November 29th, '04.

4 Q. Okay. And you were the one that scheduled
5 that surgery?

6 A. Yes.

7 Q. Did -- to your knowledge, did anyone at
8 Claims Management call the hospital to schedule the
9 surgery?

10 A. I don't know.

11 Q. Okay. Was that your responsibility at that
12 point, to schedule that surgery?

13 A. Yes.

14 MR. GRUBB: Okay. All right. I think
15 that's all I have.

16 MR. TINNEY: No.

17 (Proceedings concluded.)
18
19
20
21
22
23
24
25

1 STATE OF GEORGIA

2 COUNTY OF HARRIS

3
4 CERTIFICATE

5
6 The foregoing transcript of the
7 proceedings was taken before me as a Registered
8 Professional Reporter and reduced to this
9 transcript under my direction and supervision,
10 and I certify that it is a true and correct
11 transcript of the proceedings to the best of my
12 ability.

13 This 13th day of August, 2006.

14
15
16
17 Betsy J. Peterson

18 Betsy J. Peterson, RPR, CCR
19 Certificate No. B-2187
20
21
22
23
24
25

PRECERT INFORMATION SHEET

Patient Name: Emory Brown

Date of Birth: 8-24-55 Account#: 21738

Inpatient Procedure: _____ Outpatient Procedure: X

Procedure: (R) shoulder scope,
+/- open repair

Procedure Code: _____

Primary Insurance Company: W/C CMI

Telephone Number: 800-527-0566 Policy Number: _____
X 20776

Representative's Name: Victoria

Pre-Certification Required: NO Primary Ins.: Y or N Precert# _____

Secondary Insurance Company: * W/C wants him to

Telephone Number: go through therapy first, Policy Number: _____

Representative's Name: then they will precert

Pre-Certification Required: _____ Secondary Ins.: Y or N Precert# Surgery

Amy Miller

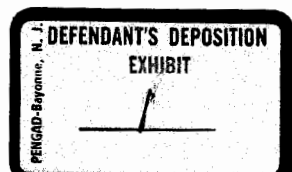
Signature of Office Representative

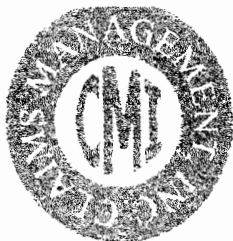
11-16-04 (AM)

Date

0-7-04 left msg for w/c to call me back (AM)

* Approved on 11-16-04 *





CLAIMS MANAGEMENT, INC.

P.O. Box 1288
Bentonville, AR 72712-1288
479-621-2900

Surgery Request

To: Attn: Amy

From: Victoria Heppes Greenspan

Fax: 256-254-3114

At: 3

Phone:

Date: 10/27/04

Re: Please have doctor fill out the following

Patient:

form. Thank You

☐ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

Workers' Compensation Surgery Request Information sheet: Wal-Mart, Sam's Club, and Wal-Mart Warehouse W.C. Patients.

Please take a few minutes to complete the attached form.

Thank you for your time and care of this Valued Wal-Mart Associate. I can be reached at (479)621-2900.

Please fax the form to my attention upon completion.

Fax: (479) 273 - 3826

Please Note: All billing from Wal-Mart or Sam's Club worker's compensation claims should be filed the same. please update your system with the billing information. If treatment is approved all billing should be directed to the following:

BURS

ATTN: Terri Flanagan

P.O. Box 361787

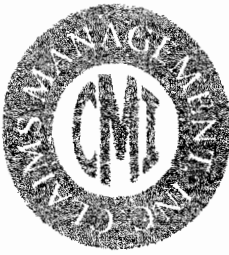
Birmingham, AL 35216

Please re-submit any outstanding bills to Blue Cross/Blue Shield. In order for billing to be paid correctly, the bill must include the patient's SSN with WRI as a prefix. The group number is 22060. The patient will not have an insurance card because this is worker's compensation. It is not required for you to attach notes to the bills, however, all records should be faxed to my

11-15-04
Faxed
(AM)

DEFENDANT'S DEPOSITION
EXHIBIT
2

attention for immediate review. If a bill is received by Blue Cross and we do not have medical records, that bill will not be processed.



P.O. Box 1288
Bentonville, AR 72712-1288
479-621-2900 Ext: 20770

Emory Brown
Claim #: C4270431

Dear Dr. Howorth,

We are in receipt of your request for surgical intervention for _____. In order to continue to coordinate benefits under workers' compensation and send this request for pre-certification, please complete the information below and fax back at your earliest convenience.

If you have any questions, please call me at (800)527-0566 Ext. 20776
Thank you in advance for your time.

Have all conservative measures been exhausted? Please explain:

① Year on MRZ, needs surgical repair
ASAP

Is this patient a good, fair or poor candidate for a positive outcome associated with this surgery? Please explain:

GOOD

Surgical procedure (include ICD 9 code)?

② Shoulder scope, + open repair / 23420

Will the procedure be completed on an outpatient or inpatient basis?

outpatient

Name, address and phone number of facility where surgery will be completed:

RUSSELL med. Center Hwy 280 256-329-7100

What if any physical restrictions will be recommended in regards to employment and activities of daily living after surgery?

no restrictions after 3-6 mo usually

What is the expected time frame of release to return to work in a modified duty capacity after surgery?

in 1-2 wks no use @ MRZ, 6-12 wks RYW
Full Duty

Is a physical therapy referral or home exercise program expected post-operatively?

yes

If so, please list the anticipated time frame of treatment-

6-12 weeks

Projected MMI (maximum medical improvement) date:

3-6mo post surgery

What permanent impairment rating do you anticipate following surgery?

est. 2-4% ROM, 5-10% ARM

Should this patient choose not to proceed with surgery, what permanent impairment rating would you assign?

est. 5-7% ROM, 15-20 ARM

Is surgical intervention requested in whole or part due to the reported work injury of

Yes

Please specify /provide explanation:

Injury Shoulder, ROM, rotation
Cuff tear

Please note:

Alabama Workers' Compensation Law Statute 25-5-58 states:

If the degree or duration of disability resulting from an accident is increased or prolonged because of a preexisting injury or infirmity, the employer shall be liable only for the disability that would have resulted from the accident had the prior injury or infirmity not existed.

To your knowledge, is there any preexisting injury or infirmity that may increase the degree or duration of disability associated with the current injury?

NO

Physician Signature

[Signature]

Date

10/30/04

Please fax this completed form to (479)273-8020

Approval for the requested surgery is subject to review of medical records and may be subject to the utilization review process.

CONFIDENTIALITY NOTICE: This fax and any files transmitted with it are confidential and intended solely for the individual or entity to whom they are addressed. If you have received this fax in error, please notify the Air-Med communications department at (479)273-8020. If you are reading this message, and are not the intended recipient, or the employee or agent responsible for delivery to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

**RUSSELL MEDICAL CENTER
SURGERY SCHEDULING FORM
FAX NUMBER (256) 329-7600**

DATE OF SURGERY 11-29-04

TIME OF PROCEDURE _____

SURGEON Howorth

PATIENT NAME Emory Brown

DATE OF BIRTH 8-24-55

SOCIAL SECURITY NUMBER 423809678

PHONE NUMBER 334-863-~~54~~ 6195

PROCEDURE (R) Shoulder scope,
+/- open repair

DIAGNOSIS OR SYMPTOMS ROT. CUFF TEAR

LATEX ALLERGY YES OR (NO)

SPECIAL EQUIPMENT/ SUPPLIES/ SALES REP Steve Jenkins

COMMENTS _____

CHOICE OF ANESTHESIA choice

POST OP STATUS OF PATIENT: ICU BED X SDC INPATIENT

CANCEL SURGERY _____ RESCHEDULE DATE _____

COMMENTS _____

